

## Form 1095-B Paper Request Form

To obtain a paper copy of your Form 1095-B, please complete this form and submit it using one of the following methods:

Mail to:       The Local 94 Health and Benefit Fund  
                  337 West 44<sup>th</sup> Street  
                  New York, NY 10036

Email to:       [healthandbenefits@local94.com](mailto:healthandbenefits@local94.com)

Once the Local 94 Health and Benefit Fund receives this request, your Form 1095-B will be mailed to your address on file within 30 days of receipt of your request. If you have any questions, please call us at 212-331-1800. If you need to update your address, please complete a Contact Information Form that is also available on our website.

Name	
Last 4 of SSN	
Phone Number	
Address	
Tax Year	